

LEAVE

You have several options for those times when you cannot be at work. Generally your absences will be covered by what we call ‘taking leave’. Many types of leave are defined below. A record of leave used and your balance is shown on the Leave and Earning Statement (LES) that you receive each payday. You should track your leave yourself, too. A leave tracking spreadsheet is located at:

<http://www.geico.com/information/federal/leave-form/>

If the leave information shown on your LES differs from your personal records, contact your supervisor or timekeeper.

REQUESTING LEAVE

Your supervisor is responsible to approve or disapprove your requests for leave. You should notify your supervisor as soon as practicable of your need to be absent, e.g., for vacations, for appointments, etc.; for unforeseen illness or emergency, at least two hours in advance of your normal starting time. Leave must be requested in writing or electronically. Annual leave, and sick leave for appointments, should be requested and approved in advance, i.e., before you take the time off.

ANNUAL LEAVE (Vacation)

When you need time off from work for rest and relaxation, personal business or emergencies, you may request using the annual leave you have earned, i.e., paid time off. The amount of annual leave you earn each pay period depends on your credited years of Federal service and your work schedule (full-time or part-time). Leave is accrued based on an 80-hour work week.

You begin earning leave on your first day of work. You must request annual leave and receive your supervisor’s approval before you start your time off. In rare emergency situations (taking leave before approval), you will need to provide an explanation for the emergency to your supervisor. Before approving annual leave requests, your supervisor will consider such factors as your workload, leave usage habits, leave balance and your co-workers’ leave schedules. Check with your supervisor to learn the appropriate annual leave request process in your work area. You can accumulate up to 240 hours (30 days) of annual leave to carry over to the new leave year. If your annual leave balance exceeds 240 hours at the end of the leave year, you will lose the hours above the 240, with certain exceptions. The leave year end date is shown in Block 13 of your Leave and Earnings Statement (LES). Your LES shows your leave balance and your “use or lose” amount. It is a good idea to check your balance each payday so if there is a discrepancy

you can correct it quickly. Annual leave can be taken in increments as small as six minutes. If you resign from the government, you will receive a lump-sum payment for any unused annual leave.

Full Time Employment		
Length of Service	Hours Earned per PP (80 hours)	Days Earned Annually
0 – 3 years	4	13
3 – 15 years	6	20
15+ years	8	26

SICK LEAVE

You may request sick leave when incapacitated by physical or mental illness, injury, pregnancy or childbirth; receiving medical, dental or optical examination and treatment; for adoption-related activities; or because of exposure to a communicable disease, as determined by local health authorities. Full-time employees earn sick leave at the rate of four hours per pay period, or a total of 13 days per year. Part-time employees earn sick leave at the rate of one hour for every 20 hours in a pay status. There is no limit to the amount of sick leave that you can accumulate. You can request to use sick leave after working one complete pay period. Sick leave can be taken in increments as small as six minutes. Check with your supervisor for the appropriate sick leave request process in your work area. If you resign your position with the government, you will not receive any reimbursement for your accrued sick leave.

Sick Leave to Care for Certain Family Members And For Bereavement

Up to 104 hours of sick leave per year can be provided for you to care for a family member. Care resulting from physical or mental illness, injury, pregnancy, childbirth, adoption, medical, dental or optical examination qualifies for this program. Up to 40 hours of sick leave per year can be used to make necessary arrangements due to death of a family member or to attend a funeral of a family member.

Sick Leave To Care For A Family* Member With A Serious Health Condition

You may use a total of up to 12 administrative work weeks (480 hours) of sick leave each year to care for a family member with a serious health condition, i.e., cancer, heart attacks, severe injuries, etc. A full-time employee may not use more than a total of 480 hours of sick leave per year for all family care purposes.

*Family members for the above purposes are defined as your spouse and his/her parents; children, including adopted children and their spouses; your parents; your brothers and sisters and their spouses; and any individual related by blood or affinity whose close association with you is the equivalent of a family relationship.

FAMILY AND MEDICAL LEAVE ACT (FMLA)

As a Federal civilian employee, you can request up to 480 hours of unpaid leave in any 12-month period for the birth of a child or care of a newborn; placement of a child with you for adoption or foster care; care for a family member with a serious health condition; or a serious health condition making you unable to perform the duties of your position. FMLA also includes up to 26 weeks for the spouse, son, daughter, parent, or next of kin of a covered military service member with a serious injury or illness who provides care for such service member. For FMLA purposes, a family member is a son, daughter, parent or spouse.

LEAVE FOR MATERNITY/PATERNITY REASONS

The policy for granting leave for maternity reasons is the same as leave for other purposes. An employee may use sick leave for the time required for physical examinations and during the period she is medically certified as incapacitated. A combination of annual leave and LWOP may be used for time needed after delivery and recuperation when she is not medically certified as incapacitated. A combination of annual leave, sick leave and LWOP can be granted to an employee for the purpose of assisting or caring for one's minor children or the mother of their newborn child while she is incapacitated for maternity reasons.

BONE MARROW OR ORGAN DONATION LEAVE

Employees are entitled to use seven days of paid leave per calendar year to serve as a bone marrow donor and 30 days of paid leave per calendar year to serve as an organ donor. Leave for bone marrow and organ donation is a separate category that is in addition to annual and sick leave.

VOLUNTARY LEAVE TRANSFER PROGRAM

A Federal employee can transfer annual leave to another Federal employee who has been approved as a leave recipient. Leave recipients must be faced with loss of income generally for at least three workdays (or 24 hours) because of a medical emergency.

LEAVE WITHOUT PAY (LWOP)

LWOP is an approved temporary absence from duty in a non-duty status. Although generally not an employee right, LWOP may be granted at management's discretion upon your request. Use of

LWOP can affect the completion of your probation, career tenure, within-grade increase, accrual of annual and sick leave, retirement, health benefits and life insurance, etc.

MILITARY LEAVE

Full-time federal civilian employees serving in the Reserves or National Guard accrue 120 hours of military leave in a fiscal year (October 1 through September 30). Military leave is charged only for hours during normal work hours. Reserve and National Guard members do not charge military leave for non-duty days (typically weekends and holidays) that occur within the period of military service. Military leave requests for inactive duty training will include only the amount of military leave needed to cover the time period for training and necessary travel. Up to 15 days of military leave can be carried over into the next year not to exceed 30 days in any calendar year. In some cases, an additional 22 work days per calendar may be available for civil emergencies or military contingency operations.

COURT LEAVE

You are entitled to paid time off without charge to leave for service as a juror or witness in a non-official capacity on behalf of any party in connection with any judicial proceeding in which the Federal, state or local government is a party. Prior to the beginning of such service, you should submit your application for court leave in writing to your supervisor. If you are later excused from jury or witness service for one day or more, or for a substantial part of a day, you are required to inform your supervisor. At the conclusion of service, provide to the Comptroller, via your supervisor, the original certificate of attendance that indicates the inclusive dates of your service. You may deposit the check you receive to your account and keep payment for expenses, such as transportation or gasoline, but you must reimburse the government for fees received for juror and witness service. Within 45 days from completion of your service, submit to the Comptroller a check or money order payable to Department of Treasury for the appropriate amount (i.e., fee less expenses). When you are summoned as a witness in an official capacity on behalf of the Federal government, you will be on official duty.

PAY

MyPAY is an automated system that puts you in control of processing certain discretionary pay data items without using paper forms. Employees can initiate/update allotments, address, direct deposit, savings bonds, federal and state tax, and email address. You can also view and print W-2's, Leave and Earning Statements (LES) and travel vouchers. New employees need to create an account on my pay. You can login at <https://mypay.dfas.mil> or call toll free at (877) 363-3677.

Carderock Division employees are paid every two weeks. A pay period is 80 hours of regular time. Pay days are every other Friday (the Friday after the pay period ends).

Leave and Earning Statement (LES) is a summary of your pay and deductions. Your LES is provided in electronic format for those personnel who view their pay data via the MyPay website.

As a condition of employment, Carderock Division employees are required to have their paychecks directly deposited. No hard copy checks will be mailed to employees. Employees must complete a direct deposit form (FMS Form 2231) to initiate payment.

CARDEROCK DIVISION

"WE ARE ONE DIVISION"

2013

All working together for the Warfighter

NSWCCD
NAVAL SURFACE WARFARE CENTER,
CARDEROCK DIVISION



Holidays

New Year's Day
Tuesday,
January 1st

Martin Luther King, Jr. Day
Monday,
January 21st

Washington's Birthday
Monday,
February 18th

Memorial Day
Monday, May 27th

Independence Day
Thursday, July 4th

Labor Day
Monday,
September 2nd

Columbus Day
Monday,
October 14th

Veterans Day
Monday,
November 11th

Thanksgiving Day
Thursday,
November 28th

Christmas Day
Wednesday,
December 25th

■ Holidays ● Paydays

January S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	February S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	March S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
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Compliments of Code 3800, Corporate Communications Division – Individual POCs are located on page two.



Department of the Navy Civilian Benefits Center

Information for Newly Hired Employees on Appointments Entitled to Benefits

Congratulations on your new job! Pay is only part of the compensation you earn working for the Department of the Navy. We offer a broad array of benefits programs to meet your needs and those of your family. Become familiar with your available benefits by reading the information below so you can make informed choices.

Timeframes for Benefit Elections

Each benefit program has certain timeframes for initial enrollment as a new employee, as shown in the table below.

Program	Election Period from Date of Appointment
Life Insurance	Basic coverage is automatic; you have 60 days to elect optional coverage
Health Insurance	60 days
Dental and Vision Insurance	60 days
Flexible Spending Account	60 days (or by October 1, whichever is earlier)
Long Term Care Insurance	60 days (for abbreviated underwriting)
Thrift Savings Plan	Automatically contribute 3% of basic pay, can change or cancel at any time

Civilian Benefits Center (CBC)

The CBC is the centralized organization within the Department of the Navy that administers the Federal benefits and retirement programs for civilian employees. The CBC is responsible for the education and individual counseling of employees about these programs. Benefits and retirement program information is available on the Civilian Human Resources Web site at <http://www.public.navy.mil/donhr/Benefits/>.

Employee Benefits Information System (EBIS)

The Department of the Navy uses EBIS, an automated, secure, self-service web application that allows employees to make health insurance, life insurance, and Thrift Savings Plan contribution elections, review general and personal benefits information, and calculate retirement estimates 24 hours a day, 7 days a week. As a new user, you will need your Service Computation Date for Leave, Pay Plan, Grade and Step from your SF 50, Notification of Personnel Action, Leave and Earnings Statement (LES) or My Biz to create your EBIS Username and Password. If you are ready to make a benefits election before your personnel record is created, contact the Benefits Line. EBIS is accessible on the Civilian Human Resources Web site at <http://www.public.navy.mil/donhr/Benefits/>.

The Benefits Line

If you have questions about health insurance, life insurance, Thrift Savings Plan (TSP) or retirement call the Benefits Line at 888-320-2917 and select menu option #4 to talk to a Customer Service Representative (CSR). CSRs are available 7:30 a.m. to 7:30 p.m. Monday through Friday, except on Federal holidays. The TTY for the deaf and hard of hearing is 866-328-9889.

LES

You will receive a bi-weekly LES from your payroll office. It is important to review the LES each pay period to ensure correct deductions have been withheld for your elections and to avoid errors for which you could be indebted. If your payroll office is the Defense Finance and Accounting Service, information about your LES is available at

<http://www.dfas.mil/dfas/civilianemployees/understandingyourcivilianpay/LES.html>.

Federal Employees' Group Life Insurance (FEGLI)

Most permanent Federal employees are eligible for FEGLI. Participation is voluntary, but if you are eligible, you are automatically covered under FEGLI basic insurance, unless you cancel this coverage. FEGLI also offers three options in addition to basic coverage. No proof of insurability is required for the basic or any optional insurance you elect during the 60 day initial election period. Proof of insurability may be required for insurance changes after that time.

Once you elect life insurance coverage, your enrollment automatically continues each year, as long as you remain eligible for the program. You do not have to reenroll each year. However, if you would like to make a change in your life insurance you can do so in conjunction with a qualifying life event, or by providing medical documentation. There is no regularly scheduled open season for FEGLI changes.

Information about FEGLI is available at <http://www.opm.gov/insure/life/index.asp>.

Action Required if You Have No Prior Federal Service

1. Basic coverage is automatic and is effective on the first day you are in a pay and duty status in an eligible position. If you do not want the basic coverage, you must cancel it by making an election in EBIS or by contacting the Benefits Line.

Your election using EBIS is equivalent to completing the SF 2817, Life Insurance Election form, mentioned in the FEGLI Program Booklet. Department of the Navy policy specifies that all civilian employees must make changes to their benefits electronically. Paper forms are not accepted for these transactions.

2. If you want to elect optional insurance, you must make an election within 60 days from the effective date of your appointment. You must make your election in EBIS or by contacting the Benefits Line. Optional insurance is effective the first day you are in a pay and duty status on or after the date you make your change in EBIS.

Action Required if You Have Prior Federal Service. If you have prior Federal service, your FEGLI coverage when you are rehired depends on the length of the break in service between the two appointments.

1. If the break in service is 180 days or less, you are automatically enrolled with the level of coverage that you had at the time of separation from employment. If you do not want this coverage, you may cancel all or part of it at any time, but you may not elect to increase the coverage. You must make your election in EBIS or by contacting the Benefits Line. If you previously waived all coverage, you are not eligible to enroll when you are rehired.
2. If the break in service is greater than 180 days, you will automatically be enrolled in basic insurance and the same optional insurance that you had in your previous position. In addition, you may elect optional insurance or increase the multiples of optional insurance (if you do not already have the maximum). You must make your election in EBIS or by contacting the Benefits Line within 60 days of your appointment.

Federal Employees Health Benefits (FEHB)

Most permanent Federal employees are eligible to elect health insurance. Participation in FEHB is voluntary and you must make an election to be covered.

If you are a part-time career employee, the Government contribution toward your health benefits is prorated in proportion to the percentage of full-time service you are regularly scheduled to perform. Contact the Benefits Line for specific information about the cost of your health insurance, depending on your work schedule.

If you are on a temporary not-to-exceed appointment, you are eligible to enroll in FEHB after you have completed 1 year of continuous employment.

Once you enroll in a health insurance plan, your enrollment automatically continues each year, as long as you remain eligible for the program. You do not have to reenroll each year. However, if you would like to make a change in your health insurance, you may do so during the annual Benefits Open Season or in conjunction with a qualifying life event.

You should review the information provided during Benefits Open Season to see if there are any significant plan changes to your health insurance enrollment for the next calendar year.

If you enroll in health insurance, premiums are automatically withheld from your salary on a pre-tax basis, which reduces your taxable income and income taxes. This is called Federal Employees Health Benefits Premium Conversion (FEHB-PC). If you participate in FEHB-PC:

- You do not have the flexibility to cancel your health insurance coverage or change to a self-only enrollment from a family enrollment any time. You will be able to make these changes only during the Benefits Open Season or in conjunction with a qualifying life event.

- Your earnings reported to the Social Security Administration will be less since you will pay health insurance premiums with pre-tax money. This may result in a somewhat lower Social Security benefit when you retire.
- You are not able to deduct health insurance premiums as an itemized medical deduction on your income tax return.

If you want health insurance premiums withheld on an after-tax basis, at the time you enroll in health insurance you must sign a waiver form electing not to participate in FEHB-PC. After the initial opportunity to waive FEHB-PC as a new employee, you will be able to change whether you participate in FEHB-PC only during the Benefits Open Season or in conjunction with a qualifying life event.

FEHB premiums and plan information are available on the Office of Personnel Management (OPM) Web site at <http://www.opm.gov/insure/health/index.asp>.

Action Required to Enroll

1. You have 60 days from the effective date of your appointment (or eligibility date) to elect a health insurance plan.
2. You must make your election in EBIS or by contacting the Benefits Line. Your election using EBIS is equivalent to completing the SF 2809, Health Benefits Election form, mentioned in the plan information. Department of the Navy policy requires all civilian employees to make changes to their benefits electronically. Paper forms are not accepted for these transactions.
3. Your health insurance enrollment will be effective the beginning of the next pay period following your election provided you were in a pay status during any part of the preceding pay period. This means you will not be covered by FEHB the first pay period of your employment. You cannot be reimbursed for any medical expenses incurred prior to the effective date of your health insurance election. You need to consider this when canceling any other health insurance coverage you may have, and for scheduling doctor visits or tests.
4. You should receive your health insurance enrollment cards within approximately 30 days after the effective date of your coverage. If you do not receive your enrollment cards, contact the Benefits Line.
5. If you want health insurance premiums withheld on an after-tax basis, you must complete CBC 12890-10, Federal Employees Health Benefits Premium Conversion Waiver/Election and fax it to your servicing CBC Site Office. To determine your servicing CBC Site Office refer to the chart at the end of this document. CBC 12890-10 is available on the Civilian Human Resources Web site at <http://www.public.navy.mil/donhr/Benefits/>. Select Resource Library, Forms.

Federal Employees Dental and Vision Insurance Programs (FEDVIP)

If you are in a position that conveys eligibility for FEHB, you are eligible to enroll in a dental and/or vision plan with FEDVIP. It does not matter whether you are actually enrolled in FEHB—eligibility is the key. FEDVIP is not the same as FEHB. It is a separate and different program. Participation in FEDVIP is voluntary and you must elect to be covered.

Once you enroll in a dental and/or vision plan, your enrollment automatically continues each year, as long as you remain eligible for the program. You do not have to reenroll each year. However, if you would like to make a change in your enrollment, you may do so during the Benefits Open Season or in conjunction with a qualifying life event.

Dental premiums/plan information and vision premiums/plan information are available on the OPM Web site at <http://www.opm.gov/insure/dental/index.asp>.

Action Required to Enroll

1. You have 60 days from the effective date of your appointment (or eligibility date) to elect a dental and/or vision plan.
2. You must make your election on the BENEFEDS Web site at <https://www.benefeds.com> or by contacting BENEFEDS at 877-888-3337. You cannot enroll in a dental and/or vision plan using EBIS.
3. Your dental and/or vision enrollment will be effective the first day of the first pay period following the date in which you submit your enrollment.
4. Within 15 days after your coverage effective date, you should receive enrollment confirmation and information on how to access your benefits (which may or may not include an identification card; it depends on your plan) from your selected dental and/or vision plan. If you do not hear from your dental and/or vision plan within that time period, you should contact the plan directly. BENEFEDS does not provide plan identification cards.

Federal Flexible Spending Account (FSAFEDS)

If you are eligible for FEHB, you are eligible to enroll in a flexible spending account (FSA) with FSAFEDS. It does not matter whether you are actually enrolled in FEHB—eligibility is the key. Participation in FSAFEDS is voluntary and you must elect to participate.

If you are on a temporary not-to-exceed appointment, you are eligible to enroll in FSAFEDS after you have completed one year of continuous employment.

Your FSAFEDS enrollment is effective only for one benefit period. You must reenroll in FSAFEDS for each year that you choose to participate. If you do not reenroll during the Benefits Open Season, you will not participate in the next benefit period, unless you experience a qualifying life event that allows you to make an election outside of the Benefits Open Season.

The FSAFEDS benefit period is from January 1 of the current year through March 15 of the following year. Under Internal Revenue Service tax rules, you forfeit any money for which you did not incur an eligible expense under your FSA accounts during the Benefit period. This is known as the “use or lose” rule. Be sure to carefully plan how much money to contribute to your accounts.

FSAFEDS offers three types of FSAs:

1. Health Care Flexible Spending Account (HCFSA). The HCFSA is used to pay for qualified medical costs and health care expenses that are not paid by your FEHB plan or any other insurance. The minimum you may elect each year is \$250 and the maximum is \$5,000.
2. Limited Expense Health Care Flexible Spending Account (LEX HCFSA). The LEX HCFSA is available only to employees who enroll in an FEHB High Deductible Health Plan (HDHP) with a Health Savings Account (HSA), or whose spouse is enrolled in a non-FEHB HDHP with an HSA. Eligible expenses are limited to dental and vision care services/products that meet the Internal Revenue Service definition of medical care. The minimum you may elect each year is \$250 and the maximum is \$5,000.
3. Dependent Care Flexible Spending Account (DCFSA). The DCFSA is used to pay for expenses associated with eligible child care or adult dependent care for qualified dependents that are necessary to allow you or your spouse to work, look for work, or attend school full time. If you are an active employee, you are eligible to participate in a DCFSA. The only exception is intermittent or “when actually employed” employees who are expected to work less than 6 months in a calendar year. There is a \$5,000 household limit (\$2,500 if married, filing separately) on the amount that can be set aside in a DCFSA.

Information about FSAFEDS is available at <http://www.opm.gov/insure/flexible/index.asp>.

Action Required to Enroll

1. You have 60 days from the effective date of your new appointment (or eligibility date), but before October 1 of the calendar year, to elect to participate in FSAFEDS. If you are hired on or after October 1, you are not eligible to participate in that benefit period, but can elect during the Benefits Open Season for the following benefit period.
2. You must make your election on the FSAFEDS Web site at www.FSAFEDS.com or by contacting an FSAFEDS benefits counselor at 877-372-3337. You cannot enroll in FSAFEDS using EBIS.
3. Your election is effective the next day after your election is received by FSAFEDS.

Federal Long Term Care Insurance Program (FLTCIP)

If you are eligible for FEHB, you are eligible to apply for long term care coverage with FLTCIP. It does not matter whether you are actually enrolled in FEHB—eligibility is the key. In addition, your qualified relatives—current spouse, adult children, parents, parents-in-law, and stepparents—are also eligible to apply using full underwriting procedures.

If you are on a temporary not-to-exceed appointment, you are eligible to apply for long term care insurance with FLTCIP after you have completed 1 year of continuous employment.

Once you enroll in FLTCIP, your enrollment automatically continues each year, as long as you remain eligible for the program and continue paying your premiums. You do not have to reenroll each year.

Information about FLTCIP is available at <http://www.opm.gov/insure/ltc/index.asp>.

Action Required to Apply

1. You have 60 days from the effective date of your appointment (or eligibility date) to apply for long term care insurance using an abbreviated underwriting procedure (which asks fewer questions about your health). After the initial 60 days, you may apply using the full underwriting application.
2. Submit your application directly to the Long Term Care Partners at www.ltcfeds.com. You cannot apply using EBIS. You must pass a medical screening (called underwriting). Certain medical conditions, or combinations of conditions, will prevent some people from being approved for coverage.
3. If you are approved for coverage, the scheduled effective date will generally be the first day of the first month after your application is approved. You will receive a letter from Long Term Care Partners containing your scheduled effective date and what might change that date. If you apply using the abbreviated underwriting application, you must meet an Actively at Work requirement for your coverage to become effective.
4. You may pay your premiums to the Long Term Care Partners through payroll deduction, automatic bank withdrawal, or direct bill.

Thrift Savings Plan (TSP)

Most full-time and part-time employees covered by the Federal Employees Retirement System (FERS) or the Civil Service Retirement System (CSRS) are eligible to participate in TSP, but the participation rules are different. To verify your retirement plan look at your most recent SF 50, Notification of Personnel Action in Block 30.

FERS. TSP is an integral part of the retirement package, along with your FERS basic annuity and Social Security. TSP is especially important to FERS employees because the formula used to compute a FERS basic annuity is less generous than the formula used to compute a CSRS annuity. As a FERS employee:

- You are automatically enrolled in TSP and 3 percent of your basic pay will be deducted for TSP if you are hired or rehired on or after August 1, 2010. You will receive 3 percent agency matching contributions as well as agency automatic (1%) contributions. You can terminate your automatic enrollment contributions at any time.
- You can elect to start, change, stop, or resume TSP contributions at any time; there is no waiting period.
- You can elect to contribute any dollar amount or percentage (1–100%) of your basic pay to TSP; however, your annual dollar total cannot exceed the Internal Revenue Service elective deferral limit of \$17,000 in 2012.

- If you stop your contributions, you are not eligible to receive Agency Matching Contributions, but will still receive the Agency Automatic (1%) Contributions.
- If you are age 50 or older, you can make catch-up contributions, up to the Internal Revenue Service elective deferral limit of \$5,500 in 2012.
- You can invest your TSP account in any of the five individual investment funds or five lifecycle funds.
- Contributions must be made through payroll deductions. However, you may also transfer or roll over eligible funds from a traditional IRA or an eligible employer plan into your TSP account.

CSRS. TSP can provide CSRS employees with a source of retirement income in addition to the CSRS annuity. As a CSRS employee:

- You are automatically enrolled in TSP and 3 percent of your basic pay will be deducted for TSP if you are hired or rehired on or after August 1, 2010. You can terminate your automatic enrollment contributions at any time.
- You can elect to start, change, stop, or resume TSP contributions at any time; there is no waiting period.
- You can elect to contribute any dollar amount or percentage (1–100%) of your basic pay to TSP; however, your annual dollar total cannot exceed the Internal Revenue Service elective deferral limit of \$17,000 in 2012.
- If you are age 50 or older, you can make catch-up contributions, up to the Internal Revenue Service elective deferral limit of \$5,500 in 2012.
- You can invest your TSP account in any of the five individual investment funds or five lifecycle funds.
- Contributions must be made through payroll deductions. However, you may also transfer or roll over eligible funds from a traditional IRA or an eligible employer plan into your TSP account.

Your account will be established when your payroll office sends your first contributions to TSP. Once your account is established, the TSP will send three separate mailings to you: (1) a TSP Welcome Letter which includes your TSP account number, (2) your TSP Web password, and (3) your ThriftLine Personal Identification Number (PIN).

Your TSP regular employee contribution election automatically continues each year, as long as you remain eligible to contribute. You do not have to reelect each year. If you elect TSP catch-up contributions, you must reelect these contributions each calendar year.

Complete Information about TSP is available on the TSP Web site at <http://tsp.gov/>.

Action Required to Change Your TSP Contribution

1. If you are hired or rehired on or after August 1, 2010 you are automatically enrolled in TSP and 3 percent of your basic pay will be deducted for TSP. If you don't want to continue your automatic enrollment in TSP, you can terminate your automatic contributions at any time by making an election in EBIS or by contacting the Benefits Line.

You may request a refund of the contributions deducted from your basic pay associated with the first 90

days of automatic enrollment by completing form TSP-25, Automatic Enrollment Refund Request. Your request must be received by the TSP no later than the refund deadline date provided to you in the TSP Welcome Letter. You may make this refund request whether or not you choose to terminate your contributions to the TSP or submit a subsequent election to change your contribution amount or percentage. If you elect to request a refund of your automatic enrollment contributions the Agency Automatic (1%) Contributions will remain in your TSP account, but you will forfeit the Agency Matching Contributions.

2. You can elect to increase your TSP contribution from the automatic 3 percent contribution to any dollar amount or percentage (1–100%) of your basic pay up to the Internal Revenue Service elective deferral limit by using EBIS or by contacting the Benefits Line. Your election using EBIS is equivalent to completing the TSP-1 election form mentioned on the TSP Web site. Department of the Navy policy requires all civilian employees to make changes to their benefits electronically. Paper forms are not accepted for these transactions.
3. If you are covered by a FERS retirement plan, TSP is an integral part of your retirement. It is especially important to contribute 5 percent of your basic pay each pay period so you will receive the maximum agency matching contributions. If you elect a 5 percent contribution and determine it is more than you can afford, you can change the election at any time. It is also important to make contributions each pay period. If you reach the Internal Revenue Service limit before the end of the year, your contributions (and consequently your agency matching contributions) will stop. For more information, refer to the TSP fact sheet Annual Limit on Elective Deferrals available at <https://www.tsp.gov/PDF/formspubs/oc91-13.pdf> and the Elective Deferral Calculator at <https://www.tsp.gov/planningtools/electivecontributions/electiveContributions.shtml>.
4. If you are already contributing the maximum amount to TSP regular employee contributions and you will be turning age 50 in the calendar year, you can also elect TSP catch-up contributions using EBIS. Your election using EBIS is equivalent to completing the TSP-1-C mentioned on the TSP Web site.
5. Your TSP elections will be effective at the beginning of the next pay period following your election.

Action Required to Make Investment Transactions

1. Your initial TSP contributions will be invested in, and remain in, the G Fund (Government securities) unless you make an interfund transfer.

An interfund transfer moves the money already in your account among the TSP investment funds. Each calendar month, your first two interfund transfers may redistribute money in your account among any or all of the TSP funds. After the first two, your interfund transfers can only move money into the G Fund.

If you want your future contributions invested in funds other than the G Fund, you must make a contribution allocation. A contribution allocation specifies how you want to invest new money going into your TSP account. You may make a contribution allocation at any time.

You will be able to make an interfund transfer once you receive a TSP account number.

2. You must make your interfund transfer and/or contribution allocation on the TSP Web site at <http://tsp.gov/> or the ThriftLine at 877-968-3778 (using the automated system or by speaking to a TSP participant service representative). You cannot make investment transactions using EBIS.
3. Interfund transfers or contribution allocations made on the TSP Web site or the ThriftLine **by 12 noon**, Eastern Time, are generally processed and posted to your account at the close of business that day.

Interfund transfers or contribution allocations made on the TSP Web site or the ThriftLine **after 12 noon**, Eastern Time, will ordinarily be processed and posted to your account at the close of business on the following business day.

4. You will receive a confirmation of your transaction from the TSP record keeper.
5. Call the Thriftline if you have questions about how to make an interfund transfer or contribution allocation.

Retirement Plan

Most Federal employees in a retirement covered position are in either the Civil Service Retirement System (CSRS) or the Federal Employees Retirement System (FERS). To determine your retirement plan, look at Block 30 on your most recent SF 50, Notification of Personnel Action. The one character code represents your current retirement plan.

Code	Retirement Plan
1	CSRS
2	Social Security
4	None
5	Other retirement systems
6	CSRS – Special (law enforcement officers and firefighters)
C	CSRS Offset
E	CSRS Offset – Special (law enforcement officers and firefighters)
K	FERS
L	FERS – Air traffic controllers
M	FERS – Special (law enforcement officers and firefighters)

Information about the retirement is available on the Civilian Human Resources Web site at <http://www.public.navy.mil/donhr/Benefits/>.

You should pay special attention to information about:

- Crediting active duty military service toward civilian retirement. You may be required to make a deposit to receive credit. Interest begins to accrue on the military deposit after a two year interest free grace period.
- Crediting civilian service for which you did not make a retirement contributions. You may be required to make a deposit to receive credit.
- Crediting civilian service for which you received a refund of retirement contributions. You may be required to make a deposit to receive credit.

Keep Your Mailing Address Current

Every year thousands of documents are returned to the payroll office, Thrift Board and health insurance carriers because the employee has changed their mailing address, but has not notified them. To update your mailing address follow these three steps.

Step 1. Notify Your Payroll Office of the New Address.

- a. Most Department of Navy employees are paid by the Defense Finance and Accounting Service (DFAS). To update your mailing address go to the DFAS myPay website at <https://mypay.dfas.mil/mypay.aspx> and login to your account. Under "Pay Changes" select "Correspondence Address" and make changes as appropriate. Your activity DFAS point of contact can also submit your address change to DFAS.
- b. If you are a Mariner employed by Military Sealift Fleet Support Command you will update your address by calling 1-800-793-5784 or sending an email to civmar@marinersupport.com.

When you submit an address change to your payroll office it will update your address to receive pay documents such as your Civilian Leave and Earnings Statement (LES) and W-2, Wage and Tax Statement.

Your payroll office will send your new address to the Thrift Board to update your mailing address for TSP documents and to the civilian personnel system. You do not need to submit a separate form.

Step 2. Notify Your Health Insurance Carrier of the New Address. If you are enrolled in the Federal Employees Health Benefits (FEHB) you must submit a separate change of address to your health insurance carrier. Some health insurance carriers, such as Blue Cross Blue Shield, allow you to make an address change electronically on their web site. You should contact your health insurance carrier for specific procedures.

Step 3. Notify Your Employing Activity of the New Address. Contact your activity administrative department and supervisor to update your address for recall purposes, etc.

CBC Site Office

For Carderock Division employees, our CBC Site Office is:

HRSC East**Attn: Civilian Benefits Center****NNSY, Building 17****Portsmouth, VA 23709-5000****Fax: (757) 396-7826 DSN: 386-7826**

QUICK REFERENCE GUIDE

The chart below is a quick reference guide for the point of contact telephone numbers and Web site information for benefits programs.

Web Site	Information Available	Contact Information
Civilian Human Resources - Benefits http://www.public.navy.mil/donhr/Benefits/	<ul style="list-style-type: none"> • Access EBIS • General benefits information • Retirement application 	Contact: Benefits Line at 888-320-2917 Hours: Monday - Friday, 7:30 a.m. to 7:30 p.m., ET, except on federal holidays TTY: 866-359-5277 Email: navybenefits@navy.mil
Employee Benefits Information System (EBIS) http://www.public.navy.mil/donhr/Benefits/	<ul style="list-style-type: none"> • Make enrollment changes to <ul style="list-style-type: none"> ▪ FEHB ▪ FEGLI ▪ TSP (Regular and Catch-up Contributions) • Designate TSP contributions as tax-deferred and after-tax • View personal statement of benefits (cost of FEHB, value and cost of FEGLI, retirement annuity benefits) • Calculate retirement annuity 	Contact: Benefits Line at 888-320-2917 Hours: Monday - Friday, 7:30 a.m. to 7:30 p.m., ET, except on federal holidays TTY: 866-359-5277 Email: navybenefits@navy.mil
Thrift Savings Plan (TSP) www.tsp.gov/	<ul style="list-style-type: none"> • General TSP program information • Personal TSP information: <ul style="list-style-type: none"> ▪ Account balances ▪ Change distribution of TSP account balances among the investment funds ▪ Apply for a TSP loan ▪ Apply for a TSP inservice withdrawal ▪ Withdraw account after separation 	Contact: ThriftLine at 877-968-3778 Hours: Monday - Friday, 7:00 a.m. to 9:00 p.m. ET, except on federal holidays TTY: 877-847-4385
Federal Dental and Vision Insurance Program (FEDVIP) https://www.benefeds.com/	<ul style="list-style-type: none"> • Make enrollment changes to dental and vision insurance • FEDVIP program information 	Contact: BENEFEDS Customer Service at 877-888-3337 Hours: Monday - Friday, 9 a.m. to 7 p.m., ET, except on federal holidays TTY: 877-889-5680 Email: Service@BENEFEDS.com

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Website	Information Available	Contact Information
Flexible Spending Account (FSA) https://www.fsafeds.com/fsafeds/index.asp	<ul style="list-style-type: none"> • Make enrollment changes to Health Care and Dependent Care FSA • FSA program information 	Contact: SHPS Customer Service at 877-372-3337 Hours: Monday - Friday, 9:00 a.m. to 9:00 p.m., ET, except on federal holidays TTY: 800-952-0450 Email: FSAFEDS@shps.com
Federal Long Term Care Insurance Program (FLTCIP) http://www.ltcfeds.com/	<ul style="list-style-type: none"> • Make enrollment changes to FLTCIP • FLTCIP program information 	Contact: Long Term Care Partners at 800-582-3337 Hours: Monday - Friday, 8 a.m. to 7 p.m., ET, except on federal holidays TTY: 800-843-3557 Email: info@ltcpartners.com
myPay (Not available to MSFSC Mariners) https://mypay.dfas.mil/mypay.aspx	<ul style="list-style-type: none"> • View and print Leave and Earnings Statements (LES) • View and makes changes to: <ul style="list-style-type: none"> ▪ Allotments ▪ Correspondence address ▪ Direct deposit ▪ Health Savings Account ▪ Federal withholding ▪ State withholding • View and print W-2 tax statement • View travel voucher advice of payment 	Your Activity Customer Service Representative
MyBiz https://compo.dcpds.cpmc.osd.mil/	<ul style="list-style-type: none"> • Self-service employment verification • Update personal information such as emergency contact information, education, training, 	Additional information available at http://www.public.navy.mil/DONHR/Employment/Pages/MyBizEmploymentVerification.aspx .



Department of the Navy Civilian Benefits Center

Are Your Designations of Beneficiary Current?

Complete information about designation of beneficiaries is available at
<http://www.public.navy.mil/donhr/Benefits/>.

A designation of beneficiary is a legal document outlining your desire to have your benefits paid out in a particular way upon your death. There are five types of benefits for which you can designate a beneficiary: Federal Employees' Group Life Insurance (FEGLI), Unpaid Compensation, Thrift Savings Plan, Retirement (Civil Service Retirement System and Federal Employees Retirement System) and Federal Employees' Compensation Act Death Gratuity.

You are not required to designate a beneficiary for your benefits. If the order of precedence listed below meets your needs, you don't need to do anything. However, if you wish to name a person or persons not included below, or in a different order, you will need to complete a form. If you are not sure whom you have designated as a beneficiary on a previous form, simply complete a new designation. The forms are available online through the Web site above or by calling the Benefits Line at 888-320-2917. Be sure to carefully read the instructions for each beneficiary form before submitting.

If you have beneficiary forms on file, it is your responsibility to periodically review them to ensure that they still reflect your wishes – especially whenever you have a significant change in your life, such as a marriage, divorce, or death. A change in family status does not automatically change a beneficiary election on file; until you submit another form to cancel prior designations or to designate a new beneficiary, the original designation remains in force whether it still reflects your intentions or not. The worst case scenario is an out-of-date designation giving the money to someone that you no longer wish to receive it.

Benefits that are due and payable will be paid out in the following **Order of Precedence**:

- To your designated beneficiary(ies),
- If there is no designated beneficiary, to your widow or widower,
- If none, to your child or children in equal shares, with the share of any deceased child distributed among that child's descendants,
- If none, to your parents in equal shares or the entire amount to your surviving parent,
- If none, to the executor or administrator of your estate,
- If none, to your next of kin under the laws of the State where you lived at the time of your death.

Note: For FEGLI, if there is a qualifying court order or an assignment of benefits on file, they take precedence over any designation of beneficiary on file and the normal order of precedence above.

IMPORTANT THINGS TO REMEMBER ABOUT DESIGNATIONS

- ✓ Write legibly. Do not make erasures, alterations or cross-outs on the form – if you make a mistake start over on a new form.
- ✓ Beneficiary shares must total 100%. Indicate shares in percentages or fractions – do not enter dollar amounts.
- ✓ Sign and date the form. Only the insured can sign the designation of beneficiary; it cannot be signed by a personal representative or guardian.
- ✓ Two people must witness your signature. A witness cannot be designated as a beneficiary.

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The Human Resources Office (HRO) is prohibited from accepting beneficiary forms. They must be mailed by the employee to the appropriate address(es) listed below.

Thrift Savings Plan Designation of Beneficiary Form, TSP-3,
is maintained by the National Finance Center, Thrift Savings Plan Service Office.
Per instructions printed on the TSP-3, the form should be sent to the following address:

Thrift Savings Plan Services Office
P.O. Box 385021
Birmingham, AL 35238
or fax
Fax - 1-866-817-5023

**Designation of Beneficiary for Retirement, Unpaid Compensation
and Life Insurance Forms**

Mail completed **FERS (SF-3102)**, **Unpaid Compensation (SF-1152)**,
and **FEGLI (SF-2823)** forms to the Human Resources Service Center, Northeast at:

HRSC East
ATTN: Civilian Benefits Center
NNSY, Building 17
Portsmouth, VA 23709-5000

Mail completed **CSRS (SF-2808)** form directly to:

U.S. Office of Personnel Management,
Retirement Operations Center
PO Box 45
Boyers, PA 16017-0045

Be sure to keep the original or a copy if you fax the form in a safe place for your records.

Please Note: Your beneficiary forms for TSP and CSRS are not valid until they are received at the addresses indicated above. If you do not send them directly to the appropriate address, and you die before the form is received by the appropriate office, the designation on the beneficiary form will not be valid.

It is your responsibility to send the forms to the appropriate office for processing.